
Auditor's Signature

COMMONWEALTH OF KENTUCKY
WORKFORCE DEVELOPMENT CABINET
Department for Employment Services
Division of Unemployment Insurance
P.O. Box 948
Frankfort, Kentucky 40602-0948

**REQUEST TO PLACE SUBJECT EMPLOYER'S
ACCOUNT IN INACTIVE STATUS**

Firm Name_____

Address_____

Employer Number_____

WORKFORCE DEVELOPMENT CABINET
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Division of Unemployment Insurance
P.O. Box 948
Frankfort, Kentucky 40602-0948

Gentlemen:

The above styled employing unit requests that its account in the Unemployment Insurance Fund be placed in inactive status due to the fact that no wages have been paid since _____, and no future employment by such unit is anticipated.

It is understood that such action will not cancel such unit's liability under the Unemployment Insurance Law and the Office of Unemployment Insurance will be promptly and properly advised of the payment of any wages in the future. The Agency will also be advised by such employing unit in the event of any change of ownership or change of address.

It is also understood that the reserve credited to such account will not be cancelled or transferred until such time as an official notification to that effect is received from the Office of Unemployment Insurance (usually three years). Upon receipt of such notification the reserve balance in such account may be continued upon written request to the Office.

Very truly yours,

*Signed by_____Residence Address_____

Title_____

SSN_____

Date_____

***Must be signed by the proprietor, partner, or an authorized officer of the corporation.**